

UNIFORM HAZARDOUS WASTE MANIFEST
January 26, 1984

Department of Health Services
Shipper 12379
P.O.# 583-A22694

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83410971

GENERATOR NAME AND MAILING ADDRESS

MAY COMPANY (Orlando)

8433 So. Central
Whittier CA 90605

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/945-1111, X2676, 213/633-0291

TRANSPORTER NO 1

OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier CA 90602

VEH/CONTAINER NO

EPA ID NUMBER

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER 213/698-0991

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO TYPE

WASTE
CAT NO

DISP
METH

Hazardous Waste, Liquid N.O.S. -ORM-E

(R-11)

NA 9189

1,600

P

0.8

DM

2,11

01

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS

% PPM

Trichlorotrifluoroethane
oil
WATER

99

95

5

1

2

1

SPECIAL HANDLING INSTRUCTIONS

yield 1287 lbs.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

MARK ENSINGER

MO.

DAY

YR

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

L. Bette

DATE
REC'D
&
ACCEPTED

MO

DAY

YR

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO

DAY

YR

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Printed or typed full name and signature

STEVE SIMPSON

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR

C, A, D, 0, 4, 2, 245, 0, 01

01

30

8, 4

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS